FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

| 1288268 |
|---------|
|         |

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden

hours per response. . . . . 16.00

| SEC           | USE O | VLY    |  |  |  |  |  |  |
|---------------|-------|--------|--|--|--|--|--|--|
| Prefix        |       | Serial |  |  |  |  |  |  |
|               |       |        |  |  |  |  |  |  |
| DATE RECEIVED |       |        |  |  |  |  |  |  |
|               |       |        |  |  |  |  |  |  |

| O.C. UNIFORM LIMITED OFFERING EXEMI   | PIION  |
|---|--|
| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  |  |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment   | ULOE   |
| A. BASIC IDENTIFICATION DATA  | 04047491   |
| 1. Enter the information requested about the issuer   |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Logan Resources Ltd.  | ·  |
| Address of Executive Offices (Number and Street, City, State, Zip Code)   | Telephone Number (Including Area Code)               |
| 720-475 Howe Street, Vancouver, BC V6C 2B3  | 604.689.0299   |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)   | Telephone Number (Including Area Code)               |
| Brief Description of Business resource exploration and development  | PROCESSED  |
| Type of Business Organization  corporation limited partnership, already formed business trust limited partnership, to be formed   | olease specify):  THOMSON FINANCIAL                  |
| Month Year  Actual or Estimated Date of Incorporation or Organization: O 6 7 8 Actual Estin  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State  CN for Canada; FN for other foreign jurisdiction) | nated  |
| GENERAL INSTRUCTIONS  |  |
| Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).   | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

SEC 1972 (6-02)

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

|  |                 | •       | •                      |          |                                       |          |          |          |                                    |
|--|-----------------|---------|------------------------|----------|---------------------------------------|----------|----------|----------|------------------------------------|
| Check Box(es) that Apply:                                | ✓ Promoter      |         | Beneficial Owner       | <b>V</b> | Executive Officer                     | <b>Z</b> | Director |          | General and/or<br>Managing Partner |
| Full Name (Last name first, i                            | f individual)   |         |                        |          |                                       |          |          |          |                                    |
| Business or Residence Addre<br>720-475 Howe Street, Va   | •               |         |                        | de)      |                                       |          |          |          |                                    |
| Check Box(es) that Apply:                                | Promoter        |         | Beneficial Owner       | Z        | Executive Officer                     | Ø        | Director |          | General and/or<br>Managing Partner |
| Full Name (East name first, i                            | f individual)   |         |                        |          |                                       |          |          |          |                                    |
| Business or Residence Addre                              | ess (Number and | Street  | t, City, State, Zip Co | de)      | · · · · · · · · · · · · · · · · · · · |          |          |          |                                    |
| 720-475 Howe Street, Va                                  | ncouver, BC V6  | C 2B    | 3                      |          |                                       |          |          |          |                                    |
| Check Box(es) that Apply:                                | Promoter        |         | Beneficial Owner       |          | Executive Officer                     | <b>Z</b> | Director |          | General and/or<br>Managing Partner |
| Full Name (Last name first, i MOONEY, Charles D.         | f individual)   |         |                        |          |                                       |          |          |          |                                    |
| Business or Residence Addre                              | ss (Number and  | Street  | t, City, State, Zip Co | de)      |                                       |          |          |          |                                    |
| 10815 Deep Cove Road,                                    | North Saanich,  | BC \    | /8L 5M5                |          |                                       |          |          |          |                                    |
| Check Box(es) that Apply:                                | Promoter        |         | Beneficial Owner       |          | Executive Officer                     | Z        | Director |          | General and/or<br>Managing Partner |
| Full Name (Last name first, i                            | f individual)   |         |                        |          |                                       |          |          |          |                                    |
| Business or Residence Addre<br>RR2, Site 5, Comp 23, C   | •               |         | i, City, State, Zip Co | de)      |                                       |          |          |          |                                    |
| Check Box(es) that Apply:                                | Promoter        |         | Beneficial Owner       |          | Executive Officer                     | Z        | Director |          | General and/or<br>Managing Partner |
| Full Name (Last name first, i<br>CUMMINGS, Peter         | f individual)   |         |                        |          |                                       |          |          |          |                                    |
| Business or Residence Addre<br>5028 - 2nd Ave., Delta, E | •               | Street  | t, City, State, Zip Co | de)      |                                       |          |          |          |                                    |
| Check Box(es) that Apply:                                | Promoter        |         | Beneficial Owner       |          | Executive Officer                     |          | Director |          | General and/or<br>Managing Partner |
| Full Name (Last name first, i                            | f individual)   |         |                        |          |                                       |          |          | <u> </u> |                                    |
| Business or Residence Addre                              | ess (Number and | Street  | t, City, State, Zip Co | de)      |                                       |          |          |          |                                    |
| Check Box(es) that Apply:                                | Promoter        |         | Beneficial Owner       |          | Executive Officer                     |          | Director |          | General and/or<br>Managing Partner |
| Full Name (Last name first, i                            | f individual)   |         |                        |          |                                       |          |          |          |                                    |
| Business or Residence Addre                              | ess (Number and | Street  | t, City, State, Zip Co | de)      |                                       |          |          |          |                                    |
|  | (Lico blo       | ساه ماه | ant or command use     | .44:+:   | and conice of this sh                 |          |          | .)       |                                    |

|   | 1  |                      |                       |                      | B. IN                | FORMATI              | ON ABOU              | T OFFERI             | NG                   |                      |                                       |                      |                      |
|---|--|----------------------|-----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------------------------------|----------------------|----------------------|
| 1 1   | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? |                      |                       |                      |                      |                      |                      |                      |                      | Yes                  | No<br><b>R</b>                        |                      |                      |
| 1   | Answer also in Appendix, Column 2, if filing under ULOE.   |                      |                       |                      |                      |                      |                      |                      |                      |                      |                                       |                      |                      |
| 2. '  |  |                      |                       |                      |                      |                      |                      |                      |                      | \$ 0.00              | )                                     |                      |                      |
|   |  |                      |                       |                      |                      |                      |                      |                      |                      |                      | Yes                                   | No                   |                      |
|   |  |                      |                       |                      |                      |                      |                      |                      |                      |                      | K                                     |                      |                      |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |  |                      |                       |                      |                      |                      |                      |                      |                      |                      |                                       |                      |                      |
| Full Name (Last name first, if individual) FRAISER, Aaron   |  |                      |                       |                      |                      |                      |                      |                      |                      |                      |                                       |                      |                      |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |                      |                       |                      |                      |                      |                      |                      |                      |                      |                                       |                      |                      |
|   |  |                      | Alpine UT oker or Dea |                      |                      |                      |                      |                      |                      |                      |                                       |                      |                      |
| Name  | C OI Assi  | ocialed by           | okei oi Dea           | iici                 |                      |                      |                      |                      |                      |                      |                                       |                      |                      |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  |  |                      |                       |                      |                      |                      |                      |                      |                      |                      |                                       |                      |                      |
| (Check "All States" or check individual States)   |  |                      |                       |                      |                      |                      |                      | All                  | States               |                      |                                       |                      |                      |
| [   | AL<br>IL<br>MT<br>RI   | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD        | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO  LA  NM  UT       | ME<br>NY<br>VT       | MD<br>NC<br>VA       | DC<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI                  | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR |
| Full  | Full Name (Last name first, if individual)   |                      |                       |                      |                      |                      |                      |                      |                      |                      |                                       |                      |                      |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |                      |                       |                      |                      |                      |                      |                      |                      |                      |                                       |                      |                      |
| Name  | e of Ass   | ociated Br           | oker or Dea           | ıler                 |                      |                      |                      |                      |                      |                      |                                       |                      |                      |
| State   | s in Wh  | ch Person            | Listed Has            | Solicited            | or Intends           | to Solicit l         | Purchasers           |                      |                      |                      |                                       |                      |                      |
| ı   | (Check: '  | 'All States          | " or check            | individual           | States)              | •••••                |                      |                      | •••••                |                      |                                       | ☐ All                | States               |
| [   | AL IL MT   | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD        | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | ME<br>NY<br>VT       | DE<br>MD<br>NC<br>VA | MA<br>ND<br>WA       | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI                  | MS<br>OR<br>WY       | MO<br>PA<br>PR       |
| Full  | Name (I  | ast name             | first, if indi        | vidual)              |                      |                      |                      |                      |                      |                      |                                       |                      |                      |
| Busin   | ness or  | Residence            | Address (N            | lumber an            | d Street, C          | ity, State, 2        | Zip Code)            |                      |                      |                      |                                       |                      |                      |
| Nam   | e of Ass   | ociated Br           | oker or Dea           | aler                 |                      |                      |                      |                      |                      |                      |                                       |                      |                      |
| State   | s in Wh  | ich Person           | Listed Has            | Solicited            | or Intends           | to Solicit           | Purchasers           |                      | <del></del>          |                      | · · · · · · · · · · · · · · · · · · · |                      |                      |
|   | (Check:  | 'All States          | " or check            | individual           | States)              |                      |                      |                      |                      |                      |                                       |                      | States               |
| ĺ   | AL IL MT   | AK<br>IN<br>NE<br>SC | AZ IA NV SD           | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | CT<br>ME<br>NY<br>VT | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI                  | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             |   |
|----|--|-----------------------------|---|
|    | Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold                        |
|    | Debt   | \$                          | \$  |
|    | Equity   |                             |   |
|    | ☐ Common ☐ Preferred   | ·                           |   |
|    | Convertible Securities (including warrants)  | \$                          | \$  |
|    | Partnership Interests  |                             |   |
|    | Other (Specify Units - See Exhibit A   |                             | \$ 290,000.00                                 |
|    | Total  |                             | \$ 290,000.00                                 |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                             |   |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             |                             | Aggregate                                     |
|    |  | Number<br>Investors         | Dollar Amount<br>of Purchases                 |
|    | Accredited Investors   |                             | \$  |
|    | Non-accredited Investors   |                             | \$  |
|    | Total (for filings under Rule 504 only)  | 0                           | \$_0.00                                       |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                             | •   |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                             |   |
|    |  | Type of                     | Dollar Amount                                 |
|    | Type of Offering   | Security                    | Sold  |
|    | Rule 505   |                             | \$  |
|    | Regulation A   |                             | \$  |
|    | Rule 504   |                             | \$  |
|    | Total  |                             | \$_0.00                                       |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |   |
|    | Transfer Agent's Fees  |                             | \$300.00                                      |
| •  | Printing and Engraving Costs   | <del>-</del>                | \$  |
|    | Legal Fees   | <b>_</b>                    | \$_10,000.00                                  |
|    | Accounting Fees  | -                           |   |
|    | Engineering Fees   | L                           | \$  |
|    | Sales Commissions (specify finders' fees separately)   |                             | \$ 5,800.00                                   |
|    | Other Expenses (identify)  | _                           | , <u>————————————————————————————————————</u> |
|    | Total  | · <del></del>               | \$ 16,100.00                                  |

|       | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF   | PROCEEDS   |                        |
|-------|---|--|------------------------|
|       | b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  | 3  | 273,900.00             |
| 5.    | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used fo each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. | i  |                        |
|       |   | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others  |
|       | Salaries and fees   |  |                        |
|       | Purchase of real estate   |  | <u></u> \$             |
|       | Purchase, rental or leasing and installation of machinery and equipment   | \$   | \$                     |
|       | Construction or leasing of plant buildings and facilities   | <b>S</b>   | \$                     |
|       | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another   |  |                        |
|       | issuer pursuant to a merger)  |  |                        |
|       | Repayment of indebtedness   | _  |                        |
|       | Working capital   |  |                        |
|       | Other (specify): drilling and related exploration expenses  | \$   | <b>∠</b> \$ 200,000.00 |
|       |   |  | \$                     |
|       | Column Totals   | \$ 40,000.00   | \$ 233,900.00          |
|       | Total Payments Listed (column totals added)   | \$ <u></u> 27  | 73,900.00              |
| 13 d. | D, FEDERAL SIGNATURE  |  |                        |
| sig   | e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Committee information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of   | ssion, upon writte                                     |                        |
|       | uer (Print or Type)  Igan Resources Ltd.  | Date<br>October 14, 200                                | 4                      |
|       | me of Signer (Print or Type)  Title of Signer (Print or Type)  Amus Young  President, Chief Executive Officer   |  |                        |
|       |   |  |                        |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

#### E. STATE SIGNATURE

| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification | Yes | No |
|----|---|-----|----|
|    | provisions of such rule?  |     | X  |

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature Date                     |
|------------------------|------------------------------------|
| Logan Resources Ltd.   | October 14, 2004                   |
| Name (Print or Type)   | Title (Print or Type)              |
| Seamus Young           | President, Chief Executive Officer |
|                        |                                    |

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### **APPENDIX** 4 2 3 1 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell Type of investor and explanation of offering price to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part E-Item 1) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited Investors **Investors** Yes No State Yes No Amount Amount ALΑK AZAR CA CO CT DE DC FLGA HI ID IL ΙN ΙA KS KY LA 3 units 0 X \$116,500.0 ME MD MAΜI MN units MS 1 \$4,000.00 0

## APPENDIX

| 1     |   | 2  | . 3  |                                      |           | 4  |   | 5   |  |
|-------|---|--|--|--------------------------------------|-----------|--|---|-----|--|
|       | Intend<br>to non-ac<br>investors<br>(Part B | ccredited  | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | amount pu | Finvestor and rchased in State C-Item 2) | Disqualification<br>under State ULOE<br>(if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |     |  |
| State | Yes   | No   |  | Number of<br>Accredited<br>Investors | Amount    | Number of<br>Non-Accredited<br>Investors | Amount  | Yes | No   |
| МО    |   |  | •  |                                      |           |  |   |     |  |
| MT    |   |  |  |                                      | •         |  |   |     |  |
| NE    |   |  | ,  |                                      |           |  |   |     |  |
| NV    |   |  |  |                                      |           |  |   |     |  |
| NH    |   |  | ***************************************  |                                      |           |  |   |     |  |
| NJ    |   |  |  |                                      |           |  |   |     | -  |
| NM    |   |  |  |                                      |           |  |   |     |  |
| NY    |   |  |  |                                      |           |  |   |     |  |
| NC    |   |  |  |                                      |           |  |   |     |  |
| ND    |   | AND DESCRIPTION OF THE PROPERTY OF THE PROPERT |  |                                      |           |  |   |     |  |
| ОН    |   |  |  |                                      |           |  |   |     |  |
| ОК    |   |  |  |                                      |           |  |   |     |  |
| OR    |   |  |  |                                      |           |  |   |     |  |
| PA    |   | Accessor and complete control of the deleter on the control of the |  | ·                                    |           |  |   |     |  |
| RI    |   |  |  |                                      |           |  |   |     | A. |
| SC    |   |  |  |                                      |           |  |   |     |  |
| SD    |   |  |  |                                      |           |  |   |     |  |
| TN    |   |  |  |                                      |           |  |   |     |  |
| TX    |   |  |  |                                      |           |  |   |     |  |
| UT    | ******                                      |  |  |                                      |           |  |   |     |  |
| VT    |   |  |  |                                      |           |  |   |     |  |
| VA    |   |  |  |                                      |           |  |   |     |  |
| WA    |   |  |  |                                      |           |  |   |     |  |
| WV    |   |  |  |                                      |           |  |   |     |  |
| WI    |   |  |  |                                      |           |  |   |     |  |

|       | APPENDIX |   |  |  |                                     |  |         |   |    |  |  |  |
|-------|----------|---|--|--|-------------------------------------|--|---------|---|----|--|--|--|
| 1     |          | 2   | 3 Type of security   |  | 5 Disqualification under State ULOE |  |         |   |    |  |  |  |
|       | to non-a | to sell<br>accredited<br>is in State<br>3-Item 1) | and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) |                                     |  |         | (if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |    |  |  |  |
| State | Yes      | No  |  | Number of<br>Accredited<br>Investors                           | Amount                              | Number of<br>Non-Accredited<br>Investors | Amount  | Yes   | No |  |  |  |
| WY    |          |   |  |  |                                     |  |         |   |    |  |  |  |
| PR    |          |   |  |  |                                     |  | <u></u> |   |    |  |  |  |

# EXHIBIT A FORM D LOGAN RESOURCES LTD.

(the "Issuer")

- 1. A total of 1,459,365 units (647,365 non-flow-through units (the "NFT Units") and 812,000 flow-through units (the "FT Units") (collectively, the "Units")) were sold at a price of US \$0.20 per Unit (actual sale price is CDN \$0.25 per Unit) for an aggregate offering price of US \$290,000.
- 2. Each NFT Unit consists of one common share (a "Share") and one non-transferable share purchase warrant (a "Warrant"). Each FT Unit consists of one Share and one-half of one Warrant. One whole Warrant entitles the holder to purchase one additional Share at a price of US \$0.28 per Share (actual exercise price is CDN \$0.35 per Share) for a period of 18 months.
- 3. A total of 602,365 NFT Units were sold in the United States at a price of US \$0.20 per Unit (actual sale price is CDN \$0.25 per unit) for aggregate proceeds of US \$120,500.
- 4. The offering was effected in the United States pursuant to Regulation D and outside the United States pursuant to Regulation S.